

## ABSTRACT

### SCHOOL OF SOCIAL WORK

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AN EXPLORATORY STUDY: ARE AFRICAN-AMERICAN CHILDREN  
DIAGNOSED WITH EMOTIONAL BEHAVIOR RECEIVING EFFECTIVE  
TREATMENT THROUGH SPECIAL EDUCATION PROGRAMS

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The purpose of this exploratory study is to examine the perception of a key informant of the special education process for African-American children who are diagnosed with an emotional behavior disorder. A special education teacher was interviewed on her perceptions of racial disparities in referral patterns and efficacy of behavior treatment interventions for African-American children. A sample size of 1 was examined for the study. The objective of this study is to further inform school social workers about variables that have affected African-American children with an emotional behavior disorder. These African-American children can be displaced in special education programs due to educational faculty being misguided by Individualized Educational Plan assessments. After, reviewing the expected results a more intensive study on African-American children who are diagnosed with an emotional behavior disorder will need to have an educational plan that is more suited to address their behavioral problems while in the classroom. This study has determined that school faculty members need to incorporate an educational plan that will strengthen the minds of African-American

children that have an emotional behavior disorder. This study has also provided information showing that school faculty is content with African-American children attending special education programs due to their disrupted behavior. These school social workers need to be provided with appropriate techniques in order to place children into education programs that will help stimulate their minds and make them become positive role models in society.

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EDUCATION PROGRAMS

A THESIS

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BY

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## CHAPTER I

### INTRODUCTION

This study was developed to explore whether or not African-American children who have been diagnosed with an emotional behavior disorder are currently not receiving the appropriate special education services while attending school. The purpose of this study is to explore whether or not medication and therapeutic services are a productive treatment resource for children to use while engaging in school learning activities. In addition, this study seeks to determine if school social workers can provide adequate assessment, treatment, and follow-up services to children who have an emotional behavior disorder and are required to be attentive in school related activities.

#### Background of the Problem

There have been problems with school social workers determining the appropriate therapeutic treatment for school children that have an emotional behavior disorder. This is especially true of African-American children who are identified with an emotional behavior disorder. It has been noted that an emotional behavior disorder is a neurobiological-based developmental disability estimated to affect between 3 and 5% of the school age population (Professional Group for Attention and Related Disorders, 1991). For Example, no one knows exactly what causes Attention Deficit Hyperactivity

Disorder (Professional Group for Attention and Related Disorders, 1991). There is scientific evidence suggested that, the disorder is genetically transmitted in many cases and results from a chemical imbalance or deficiency in certain neurotransmitters, which are chemicals that help the brain regulate behavior.

A study conducted by the National Institute of Mental Health showed that the rate at which the brain uses glucose, which is the main energy source is lower in students with attention deficit hyperactivity disorder than in students without attention deficit hyperactivity disorder (Zametkin et al., 1990). The exact cause of attention deficit hyperactivity disorder still remains unknown to clinicians. Clinicians do however know that attention deficit hyperactivity disorder is a neurologically based medical problem. While, parents and teachers do not cause attention deficit hyperactivity, they are critical components to determining whether or not medication can be effective in helping school social workers maintain and manage students attention deficit hyperactivity related difficulties.

### Statement of the Problem

There are many psychologists and social workers that labor on behalf of our nations children; many times children with behavioral and emotional challenges cause problems within the school system. In the United States, 1 in 10 children and adolescents suffers from mental disorders. In any given year, up to 3 percent of children and 8 percent of adolescents are diagnosed with depression, and as many as 13 percent of young people experience anxiety disorder (Russell A. Barkley, PhD, 2000). However, according

to the National Institute of Mental Health, attention deficit hyperactivity is the most frequently diagnosed psychiatric disorder within the developmental stage of childhood. This disorder is characterized by poor concentration, impulsivity, and hyperactivity. Consequently, it can cause problems with children in multiple settings, such as home and school. The attention deficit hyperactivity disorder has also been shown to have adverse effects on academic performance, vocational success, and social-emotional development (Russell A. Barkley, PhD, 2000).

The numbers of children diagnosed with and treated for disruptive disorders, including attention deficit hyperactivity disorder, have increased over the last decade. With this trend comes a debate on the “best” way to diagnose and treat such problems in children. In 2002, the Journal of the American Medical Association showed that the numerous amounts of preschool children (age 2-4) receiving stimulants, such as Ritalin, and other psychiatric medications appeared to be used harshly towards preschool children from 1991 to 1995.” This study raised concerns because so little is known about the safety and effectiveness of these medications, and because the U.S. Food Association provider approves few of these drugs.

The usage of medication for children that have disruptive behavior is only one method to control an emotional behavior disorder or a learning disability within children. Another, method that is commonly used through the school system is conducting educational assessments, which can determine the cognitive learning ability of a child being placed in a special education program. Also, many children who have disruptive behavior do not have an emotional behavior disorder or a learning disability. However,



teachers are unable to use behavior modification as a technique to redirect the children's behavior in school. Therefore, teachers refer them to special education programs, as a means of controlling the disruptive behavior. By taking this action many African-American children are being displaced into the special education programs. In addition, teachers do not have the appropriate certification to teach children with an emotional behavior disorder or a learning disability.

### Significances of the Problem

One of the major factors driving the disproportionate placement of African-American children in special education is poor classroom management. The problem may not be with the behavior of African-American children. It may be with teachers who have poor classroom management techniques. Also, poorly managed schools can be problematic for children with behavioral problems who frequently generate hostile and punitive reactions from teachers and peers and where early anti-social behaviors are reinforced by inappropriate school responses. Schools can also be a place where students at risk for behavioral problems get caught up in a self sustaining cycle of classroom disruption and negative consequences. This cycle includes academic failure as teachers ignore or are unable to address the academic needs of students with behavioral problems and force segregation with anti-social peers, which often reinforces problem behaviors. Finally, schools can frequently be settings for public humiliation as children and youth experience academic failure, peer rejection, and adult sarcasm. African-American children are more likely to attend schools characterized by practices that contribute to the

development or escalation of anti-social behavior, such as ineffective instruction, inconsistent and punitive school wide classroom and individual behavioral management practices. There is a lack of opportunity to learn and practice social, interpersonal, and self management skills. Teachers may also provide unclear rules and expectations regarding appropriate behavior. Teachers also fail to correct rule violations and reward adherence to them. Overall, the school system fails to assist students from backgrounds that place them at risk for not bonding with the school process. These are few of the reasons African-American children who are placed in special education are routinely labeled ADD (attention deficit disorder) or ADHD (attention deficit hyperactivity disorder). The labeling process starts early in an African-American child's educational learning development. Principal, psychologist, social worker, or physician does not make most of the referrals. Twenty percent of regular classroom teachers make 80 percent of the referrals. This course of action is due to the ineffective teaching style of the primary teacher. Also, another challenge for African-American children is the primary teacher of the classroom has already decided that he or she wants that child removed from their class, due to disruptive behavior. The primary teacher then refers for the African-American child to have an Individualized Educational Plan (IEP) schedule in order to determine the appropriate classroom structure for the child.

The IEP process is a very critical process that can determine whether or not an African-American child should be placed in a special educational structure. The IEP participants consist of the following: primary teacher, psychologist, physician or psychiatrist, special education coordinator, social worker, counselor, and principal are

primarily present for the IEP meeting. Each individual plays a critical role in determining the best educational plan for the African-American child that is being assessed for necessary services. First, the primary teacher has already decided that, the African-American child needs to be removed from their classroom. There is a good chance that they have never taken a class in black history, black culture, black learning styles, or black children learning styles and has not read any books on this subject. "It was mentioned earlier that 20 percent of the teachers make 80 percent of the referrals. The primary teacher is well aware that their recommendation carries the most weight in this meeting and that 92 percent of the children referred to special education are tested and 73 percent of them are placed" (Kunjuru, p.122). They also feel that because they're exposed to the child more than any other professional, they're in the best position to make the recommendation for special education placement. Second, the psychologist has a long list of tests to choose from. Unfortunately, most psychologists would not consider the Black Intelligence Test of Cultural Homogeneity, the System of Multicultural Pluralistic Assessment, the Learning Potential Assessment Device, the Cognitive Assessment, or Kaufman Test of Educational Achievement. Instead, the psychologist will highly consider using the Weschler Intelligence Scale for Children and the Stanford Binet Intelligence Scale that is geared towards European intelligences. Third, the physician or psychiatrist will make a recommendation without ever giving the child a physical exam. Fourth, the special education coordinator, social worker, counselor, and principal are primarily present for the meeting. This is very overwhelming for these particular professionals because they already have tremendous amount of work they have

to complete and meetings to attend. They are only present because they are required to attend the meeting. The social worker and counselor have huge caseloads and are often responsible for several schools. The principal, who is the Chief Executive Officer of the school, has more than 100 agenda items that must be covered on this day. Importantly, this IEP is just one item on their agenda. Finally, the IEP meeting is only scheduled on a weekday at 12:00 p.m. through 3:00 p.m. and the following professionals are ready to present their recommendations on whether or not an African-American child should be placed in special education: the primary teacher, the special education teacher or coordinator, a psychologist, social worker or counselor. This puts African-American parents at a disadvantage when trying to participate in the IEP meeting. First, the parents may not be able to attend the IEP meeting due to their work schedule. Plus, if majority of the professionals are white. The parents are at a disadvantage because they are outnumbered and do not have the professional or educational expertise of the team (Kunjufu, p.121).

These factors place African-American children at risk for displacement for special education within public schools in the United States of America.

### Conclusion of the Problem

This exploratory study sought to determine whether or not African-American children diagnosed with an emotional behavior disorder are currently receiving the effective treatment through special education programs within the Metropolitan Area of Atlanta, Georgia. The upcoming chapters of this study are comprised of information on the history of attention deficit hyperactivity disorder, minority children and their over

representation in special education, special education over enrollment, the effect of IQ test and score on minority over enrollment in special education systematic bias and stereotypes, the 2003 state special education outcomes, and the local findings through an interview with a special education teacher. The results of these implications on placing African-American children that are diagnosed with an emotional behavior disorder are not effectively being placed in the appropriate special education programs. This situation has placed some children at risk for educational displacement within public schools due to lack of knowledge of African-American history, proper teaching techniques, teacher dissemination, IEP assessments, lack of parent participation, and government funding. Plus, if professionals, government officials, and parents were more enlightened to use more of a cognitive theory towards developing techniques that can better help teachers cope with emotional behavior disorder students. African-American children will have a high turnover rate in referral displacement within special education programs.

## CHAPTER II

### REVIEW OF THE LITERATURE

#### The History of Attention Deficit Hyperactivity Disorder

Professionals who diagnose attention deficit hyperactivity disorder use a standard criteria set by the American Psychiatric Association (1994). The Diagnostic and Statistical Manual of Mental Disorder (DSM-IV) gives professionals an opportunity to determine the features of attention deficit hyperactivity disorder. The main features associated with the disability are inattention, hyperactivity, and impulsivity. The symptoms of each behavior are listed below (American Psychiatric Association, 1994, pp. 83-85). There are six or more of the following symptoms of inattention have persisted for at least six months to a degree that is maladaptive and inconsistent with developmental level:

##### Inattention

- (a) Often fails to give close attention to details or makes mistakes in school work, work, or other activities
- (b) Often has difficulty sustaining attention in tasks or play activities
- (c) Often does not seem to listen when spoken to directly

- (d) Often does not follow through on instructions and fails to finish school work, chores, or duties in the work place (not due to oppositional behavior or failure to understand instructions)
- (e) Often has difficulty organizing tasks and activities (e.g., toys, school assignments, pencils, books, or tools)
- (f) Often loses things necessary for tasks or activities (e.g., school assignments, pencils, books, or tools)
- (g) Is often easily distracted by extraneous stimuli
- (h) Is often forgetful in daily activities

There are also six of more symptoms of hyperactivity-impulsivity have persist for at least six month to a degree that is maladaptive and inconsistent with developmental level:

#### Hyperactivity

- (a) Often fidgets with hands or feet or squirms in seat
- (b) Often leaves seat in classroom or in other situation in which remaining seated is expected
- (c) Often runs about or climbs excessively in situations in which it is inappropriate (in adolescents or adults, may be limited to subjective feelings if restlessness)
- (d) Often has difficulty playing or engaging in leisure activities quietly
- (e) Is often “on the go” or often acts as if “driven by a motor”
- (f) Often talks excessively

#### Impulsivity

- (g) Often blurts out answers before questions have been completed

(h) Often has difficulty awaiting turn

(i) Often interrupts or intrudes on other (e.g., butts in conversations or games)

The appearance of the above mention behavioral symptoms in children between the ages of six to ten years old does not automatically constitute a diagnosis of attention deficit hyperactivity disorder. If a parent has concerns regarding their child's behavior they should seek for an evaluation to be completed by an outside professional or clinic, or they can request that their local school district conduct an evaluation. In order to get a proper attention deficit hyperactivity disorder diagnosis the evaluation should include the following: a thorough medical and family history, a physical examination, interviews with the parents, the child, and child's teacher(s), behavior rating scales completed by parents and teachers(s), observation of the child, and a variety of psychological tests to measure IQ and social and emotional adjustment, as well as to indicate the presence of specific learning disabilities. Once a child(ren) is diagnosed with attention deficit hyperactivity disorder a treatment plan can be developed. Most treatment plans are based off of a multi-modal management; this approach consists of four basis parts: education about and understanding of attention deficit hyperactivity disorder, behavior management, appropriate educational interventions, and medication frequency. Family counseling may also be is advised.

#### **Minority Children and Their Over-Representation in Special Education**

A nationwide statistical analysis of placement into special education completed by Kilalea Associates in 1980 (News Digest, 1987), based upon data from the US. Office of



Civil Rights, has observed that “minority students were found to be 2.3 times more likely than their white counterparts to be classified Educable Mentally Retarded; and 1.7 times as likely to be classified as Trainable Mentally Retarded. (US News & World Report, 13 December 1993, p, 9). See Tables 1 and 2.

Table 1

*National Statistics for Placement by Retardation*

	Black	White	Hispanic
Retarded	26%	11%	18%
Learning Disabled	43%	51%	55%
Emotionally Disturbed	8%	8%	4%
Speech-Impaired	23%	30%	23%

Source: US. News & World Reported December 13, 1993, p. 54; Primary Source: U.S. Department of Education, Office of Civil Rights, 1990 Survey of Schools.

Table 2

*Distributions of Minority Students in Special Education Relative to General Enrollment –**General Special Education*

Ethnicity	Enrollment	EMR	TMR
Native American	0.9	0.9	0.9
Asian	2.8	0.6	1.8
Hispanic	9.9	5.2	9.6
African-American	16.1	35.2	27.4
All Minority	29.6	41.9	39.7

Ethnicity	SI	SED	LD	ALL (5)
Native American	1.0	0.7	1.2	1.3
Asian	1.8	0.5	1.0	1.5
Hispanic	7.7	7.2	10.0	10.1
African American	16.1	26.8	16.8	25.1
All Minorities	26.6	35.2	28.9	38.0

KEY: OCR=Office of Civil Rights; EMR=Educably Mentally Retarded;

TMR=Trainably Mentally Retarded; SI=Speech Impaired; SED=Severely Emotionally Disturbed; LD=Learning Disabled

Data Source: 1986 Elementary and Secondary School Civil Rights Survey, National Summaries. US Department of Education (prepared by DBS Corporation), December 1987. Last column in table, under “ALL (5) is an extrapolation from the other figures in the original OCR table.

The US Bureau of Census stated that in the year 2000, minority enrollment, in the United States, would be between 40% and 60% of the population of all children in our public schools. The enrollment projections would be between 57% and 60% for the

states of New York and California. However, the projected minority population, nationally, is 33% during 2000. (Education Week, 1986). The greatest increases, for African-American children in public school, are in New York State through the Atlantic corridor including Washington, D.C. through Georgia, Mississippi, South and North Carolina, Alabama and westwards to California. For Latino children, the largest increases are in Texas, New Mexico, Arizona and California (Education Week, 1986). In California, African-American children were the majority of children in elementary schools. In Texas, African-American and Latino children were 46% of students at all levels in the public school system. The minority children made up majorities in the twenty-five largest school systems in the nation (Education Week, 1986).

Relative California percentile ratios show that there is a 50.8% minority student distribution in a general student population of about 4.6 million. In New York City, ethnic distributions and composition of public school children are: 34.1% Latino, 38.4% African-American, 6.9% Asian, and 20% Caucasian for an aggregate school population of 939,933 (The New York City Board of Education Report, Fiscal Year 1988; Cf., The Advocate, Winter 1993-Spring 1994). The percentile sub-ethnic composition of minority school children in New York City by aggregate public school statistics is: African-American 50%, Latino 0%, and Asian 12%, others were at 11%.

#### Special Education Over-Enrollment

Nationally, US data statistics show a 20% increase in special education enrollment from 4.3 million in 1984 to 5.3 million in 1994” (Portner, p.4). Comparatively, the US

population has increased by only 9.8% between 1994 (Johnson, p.2). For example, in New York the special education student population has increased from 262,482 (1989), which then represented 10.3% of the public school student population, to 347,126 (December 1995) in 1997 to which was 12.4% of the population (The New York Teacher, 1997). The total public school student enrollment (for General Education), from 1989 to 1995, went from 2,548,710 to 2,777,876 an 8.9% increase (The New York Teacher, 7 April 1997).

The 1995-1996 per capita cost of educating a special education student in a self-contained classroom in an out-of-district placement averaged \$21,000.00 and went as high as \$50,000.00. The average per pupil cost in a general education classroom is \$8,900.00 but: placing a special education classroom for only 20 percent of the day costs an average of \$9,162 annually. Providing a consultant teacher for inclusion programs cost \$12,914 per child (The New York Teacher, 7 April 1997).

### The Effect of Budget Cuts on Special Education

In 1988, a budget crisis in New York City resulted in the loss of \$750 million to the New York City Board of Education budget which led to hiring declines of child case workers, specialists, and cuts in support services. These losses had originally begun under the Mayor Abraham Beame administration, were slightly stored under Mayor Edward Koch but subsequent budget crisis's ensured greater losses under mayors in the late 1980s through the 1990s, that under Mayors David Dinkens and Rudy Guiliani. The effect of the loss of child welfare and guidance supporting services was a sharp increase

of children referred to special education in large numbers. The number of children labeled as disabled, in fact more than doubled, in six years” from about 54,000 in 1979 to 116,300 in 1985 (The Advocate, Winter 1993-Spring 1994, pp. 10-11).

The referral population increased to 119,000 by 1990-1991. The African-American children population has increased within special education. It was special education, which came to the rescue. Throughout the nation special education has been and continues to be a lifesaver for many children with special needs. However, there is striking testimony over the years that many of these additional thousands of children are being unnecessarily stigmatized as children with disabilities because of lack of supportive services in general education (The Advocate, Winter 1993-Spring 1994, p.11).

Affirming this as a crisis, placement of children into special education who would ordinarily have remained in general education if the supporting services, case workers and specialists had not been decimated by temporary budgetary crises, the Beattie Commission (1985), in New York City, noted that over 116,300 children continued to be placed and quarantined in special education “not necessarily because they are handicapped but because they need services unavailable in general education (The Advocate, Winter 1993-Spring 1994, p. 11).

It was reported that New York City schools used special education enrollments in the late 1970s and the early 1980s as a recourse for parents when their children fail to make progress but do not receive adequate help in special education as an outlet for teachers and schools when children require time and attention that cannot be provided due to lack of resources (The Advocate, Winter 1993-Spring 1994, p 11).

### Special Education Placement as a Means of Manipulating National Test Scores

There are serious systematic and administrative incentives for some school principals using special education to manipulate competency test scores by using bait and switch tactics. This is one way African-American children are being force into special education in order to maintain a school's meritorious national test scores. It has been reported that, in order to raise competency test scores in their schools, some principals have resorted to "placing low-scoring students in special education programs for children who might otherwise not be in special education in most states, special education students are exempted from reading and mathematics examinations" (US New & World Report, 13 December 1993, p. 48).

### Effects of IQ Testing and Scores on Minority Over Enrollment in Special Education Systematic Bias and Stereotypes

One of the most important causes of inappropriate placements is the relationship between special education placement and IQ test scores and results are culturally, socially and racially biased reflecting "white, middle class values and experiences" and are not compatible with normative experiences of children living within a just and democratic society. The IQ test scores and results tend to undermine the spirit and rulings of court and judicial mandates and the very equality of opportunity and due process, which court rulings and congressional mandates, have granted and affirmed as relief to minority children (*Brown v. Topeka (Kansas) Board of Education*, IDEA, PL. 94-142. et al.), and children whose first languages are other than English.

These IQ tests tend to place these minority children at an undue disadvantage during placement decision making, so they are more likely to be placed into special education merely because of who they are racially, culturally, socially and economically. Also, placement decision making based off of these IQ test presume that the test are fair samples to cultural, social, linguistic and cognitive styles based on a normal sampling of population at large, and assume that children who do very well in them are intrinsically more competent relative to their peers whether the do wells have been prepared or coached at better resource endowed schools for such tests or not.

When these IQ tests are given, they are administered holding environmental, ecological settings, school resourcefulness and reinforce abundance or professional staff and other extraneous independent variables, which have affected test outcomes. This also makes test scores irrelevant, very suspect and a tool for biased decision making and placement for African-American children. These tests are also based on white cultural, social and linguistic attitudes and styles, when administered to black and minority children. This makes their statistical interpretation very suspect.

### 2003 State Special Education Outcomes

The state of Georgia is one out of fifty states that report their data on assessment accommodation useage through out the United States of America. The specific information that is coded by states appears in Table 3. The increasing numbers of stated code accommodations information from students' IEP's onto test forms and then verify that information at testing.

Table 3

*State Documentation of Assessment Accommodations Use*

State	Test form codes "standard" or "nonstandard accommodations	Test form codes some or all accommodations	IEP information coded on test form and verified during testing	No accommodations data collected at state level
Alabama	XXXXXXXXXX			
Alaska		XXXXXXXXXX		
Arkansas		XXXXXXXXXX	XXXXXXXXXX	
Arizona				XXXXXXXXXX
California		XXXXXXXXXX		
Colorado	XXXXXXXXXX			
Connecticut		XXXXXXXXXX		
Delaware		XXXXXXXXXX		
Florida		XXXXXXXXXX		
Georgia	XXXXXXXXXX			
Hawaii	XXXXXXXXXX			
Idaho				XXXXXXXXXX
Illinois		XXXXXXXXXX		
Iowa		XXXXXXXXXX		
Indiana		XXXXXXXXXX		
Kansas		XXXXXXXXXX	XXXXXXXXXX	
Kentucky		XXXXXXXXXX	XXXXXXXXXX	
Louisiana		XXXXXXXXXX	XXXXXXXXXX	
Maine		XXXXXXXXXX	XXXXXXXXXX	
Maryland		XXXXXXXXXX		
Massachusetts	XXXXXXXXXX	XXXXXXXXXX		
Michigan	XXXXXXXXXX			
Minnesota			XXXXXXXXXX	
Mississippi		XXXXXXXXXX		
Missouri		XXXXXXXXXX		
Montana	XXXXXXXXXX			
Nebraska				XXXXXXXXXX
Nevada	XXXXXXXXXX			
New Hampshire	XXXXXXXXXX			
New Jersey		XXXXXXXXXX		
New Mexico	XXXXXXXXXX			
New York		XXXXXXXXXX		
North Carolina		XXXXXXXXXX		
North Dakota	XXXXXXXXXX		XXXXXXXXXX	
Ohio				XXXXXXXXXX
Oklahoma				XXXXXXXXXX
Oregon	XXXXXXXXXX			
Pennsylvania		XXXXXXXXXX		
Rhode Island		XXXXXXXXXX		



Table 3

South Carolina			XXXXXXXXXX	
South Dakota	XXXXXXXXXX			
Tennessee			XXXXXXXXXX	
Texas				XXXXXXXXXX
Utah		XXXXXXXXXX		
Vermont	XXXXXXXXXX		XXXXXXXXXX	
Virginia		XXXXXXXXXX	XXXXXXXXXX	
Washington			XXXXXXXXXX	
West Virginia	XXXXXXXXXX			
Wisconsin				XXXXXXXXXX
Wyoming		XXXXXXXXXX		
Total Regular States	15	25	12	7

There are positive consequences of the participation of students with disabilities in the state standards, assessment, and accountability systems that they had observed since 2001 when National Center on Education Outcomes last asked for statistical data. The most often selected positive consequences among the regular states were increased inclusion in the accountability system (96%) and increased participation in state assessments (90%). The least often selected positive consequence was improved performance for regular states (64%). Also, state directors made the following statements:

Perhaps the biggest benefit of children with disabilities has been the focus of general education on improving the quality of education for children with disabilities. As schools make plans for school improvement, they focus efforts on children with disabilities for the purpose of increasing the number of students scoring at the proficiency level. Because students with disabilities comprise a disproportionate share of students who are not at the proficiency level, they are the direct beneficiaries of district wide efforts to improve student performance.

Quality of IEP's has improved.

Improved data based instruction and higher expectations for students with significant cognitive disabilities.

Districts and schools are starting to use disaggregated student achievement data to focus on the learning outcomes of students with disabilities.

There were few directors that selected negative outcomes within the 2003 State Special Education Outcomes: Marching on (NCEO). The overall negative outcomes identified were the fear that students with disabilities will not be able to achieve proficiency on state assessments. Fourthly eight percent of the regular states recorded that students with disabilities cannot achieve proficient level. Also, fourthly percent of the regular states reported that students with disabilities are stressed out by taking these educational tests. Twenty eight percent of the regular states relied that students with disabilities make schools look less effective. The regular states also stated that twenty six percent of the students with disabilities couldn't access or reach state standards. Twenty percent of the regular states also stated students with disabilities may not graduate. Finally, twelve percent of the regular states have too many students being identified for alternate assessments (2003 State Special Education Outcomes).

#### Alternate Assessment Approach

The alternate assessments were developed and implemented first within the fifty regular states. In 2003 most of the regular states use the portfolio or body of evidence approach in their alternate assessments for students with significant cognitive disabilities. Still, the number of states using a portfolio or body of evidence approach decreased from 28 states in 2000 to 24 states in 2001 to 23 states in 2003 (see Table 4). The number of

states using a rating scale or checklist increased from 4 states to 15 states during the same time frame. Three of the regular states were revising their alternate assessment system in 2003 (2003 State Special Education Outcomes).

Table 4

*Alternate Assessment Approaches 2000-2003*

Year	Portfolio/body of evidence	Rating Scale/Checklist	IEP analysis	Other	In development/ revision
Regular States					
2000	28 (56%)	4 (8%)	5 (10%)	6 (12%)	7 (14%)
2001	24 (48%)	9 (18%)	3 (6%)	12 (24%)	2 (4%)
2003	23 (46%)	15 (30%)	4 (8%)	5 (10%)	3 (6%)

The variability within each category of approach is considerable. In 2003, 23 of the states using portfolio/body of evidence assessment, 9 states used a standardized set of performance events, tasks, or skills. Six of the 15 regular states using a rating scale of performance on a standardized set of events, tasks, or skills required the submission of a body of evidence. Similarly, half of the regular states that used and analysis of progress on IEP goals required the submission of a body of evidence (2003 State Special Education Outcome).

**Alternate Assessment Content**

Eighty percent of the regular states aligned their alternate assessments with state academic content standards in 2003, either through grade-level or expanded standards or through a combination of these and functional skills. Only two states (4 percent)

continued to conduct alternate assessments that were not aligned to state standards, and three states (6 percent) allowed IEP teams to select the content used on their alternate assessment.

### Alternate Assessment Achievement Level Descriptors

Nearly two thirds of regular states used the same achievement level descriptors for their alternate assessments as they did for their general state assessments in 2003 (see Table 5). This is up considerably from 2001 for regular states.

Table 5

#### *Alternate Assessment Achievement Level Descriptors*

	Same as general assessment	Different from general assessment	Currently developing/ revising
<u>Regular States</u>			
2001	18 (36%)	19 (38%)	13 (26%)
2003	31 (62%)	16 (32%)	3 (27%)

Table 6

#### *Examples of Alternate Assessment Achievement Level Descriptors*

State	Alternate Assessment Achievement Level Descriptors
Arkansas	Independent, functional independent, supported independent, emergent, not evidenced
Colorado	Inconclusive, exploring, emerging, developing, novice
Georgia	Initial, emerging, proficient, functional
Illinois	Attaining, progressing, emerging, and attempting
Indiana	Not evident, emerging, developing, demonstrated
West Virginia	Awareness, progressing, competent, generalized
Wyoming	Beginner, partially skilled, skilled

### Alternate Assessment Scoring Criteria

Most regular states (40) place their scoring criteria for the alternate assessment within some type of rubric. States that do not use a rubric assign points on a rating scale (8 states), score number of items correct (5 states), or score reading rate or accuracy (2 states). Scoring criteria can be a direct measure of student achievement (student criteria); they may reflect necessary system conditions essential for student success (system criteria); or they can be a combination of student achievement seen within the context of system-providing support (combination) (2003 State Special Education Outcomes).

### Local Finding Through An Interview

A key informant provided the information for this study. She is a Caucasian female, who is certified in speech/language pathology. She has taken three additional classes for an endorsement in preschool special education. The key informant is currently working within the special education program at Meadowview Elementary School. A central part of her position involves developing Individualized Educational Plans (IEP's) for children who have emotional behaviors and learning disabilities disorders. She has more than fourteen years of experience in special education.

### The Afrocentric Perspective

The Afrocentric Perspective takes into account the African origins of blacks in America and America's response to the quest of African-Americans for freedom, justice and equality. The Afrocentric perspective points out the survival patterns of Africans in order to increase understanding of the human condition. It is inclusive of the need to

understand the social problems of all people regardless of race, national origin, religion, creed, sex, age, disability or handicap in the continuing struggle for freedom, justice and equality for the oppressed and disadvantaged populations of the world. It is anticipated that the understanding of one's own heritage forms the basis for an understanding and appreciation of the diversity of the heritage of others.

In his book, *The Conspiracy to Destroy Black Boys*, Jawanza Kunjufu, (1983) states that African-American males are systematically programmed for failure so that when they become adults they pose little danger to the status quo. By their control of key social institutions, European-Americans have denied the African-American males the honor of their heritage, culture and rights of passage. This is evident in African-American males having a desire to learn while attending kindergarten by reading, coloring, and writing. As they get older and transition to higher grade level they may still have an interest in learning from their teacher. But, they are now introduced to riding the bike, playing with video games and playing sports such as soccer, baseball, and football, which become their most important possessions. Also, many African-American males also become a product of the street due to not having the right parental care and having no after school programs that have positive role models. So, African-American males gain their education from the street by selling drugs, being involved in gangs, and theft by taking. In order to give African-American males an opportunity to thrive and be role models, these children should be placed in education programs that focus on providing skill development and recreational activities that would benefit children who have been

single out to have symptoms such as hyperactivity, impulsivity, and inattention problems in classrooms.

Also, African-Americans may be the only group expecting someone else to educate their children. White female teachers constitute 83 percent of the U.S. elementary teaching force. African-American students are 17 percent of public school students nationwide, but represent only 6 percent of the teachers. Unfortunately, African-American males constitute only 1 percent of the teaching population. There are schools without one African-American male academic teacher. They are employed as custodians, security guard and physical education teachers. A majority of the time, schools will hire an African-American male to be an assistant principal, which translates into being in charge of all male behavioral problems (Kunjufu 2002).

Since the 1954 Brown vs. Topeka decision to integrate schools, there has been a 66 percent decline in African-American teachers. During, this period of time African-American students benefited from Jim Crow, because many African-Americans who were denied corporate America, were confined to education or the ministry. Today, African-Americans are choosing corporate America (Kunjufu, 2002).

In addition, another factor is African-Americans lack respect to the profession and there is poor student discipline within the school. Plus, African-American children are diagnosed with just being bad. If African-American children are problematic for our generation, only image what White female teachers think of African-American youth? It is a high possibility their answer would be greater special education placement for these

children. The turnover of White staff in the inner city is 40 percent within five years (Kunjufu, 2002).

### Hypotheses

The key hypotheses of this study will be:

HO: African-American children that have an emotional behavior disorder are not receiving the effective educational services while attending school.

HA: African-American children that have an emotional behavior disorder are not being assessed for the most effective educational services while attending school.

### Conceptual Framework

In order to incorporate this study an interview had took place to focus on identifying African-American children displaced into special education programs throughout the United States. Also, African-American children with an emotional behavior disorder are currently not receiving the proper education in Metropolitan Atlanta public schools. Teachers are being placed in situations that do not provide them with the proper techniques to cope with the behaviors of these particular students. Jean Piaget's (1972) theory of cognitive development to this study serves as a basis of extreme importance in relation to this study. This theory displays a theoretical framework that focuses on the ability to take information, process it, store it and finally retrieve and use it in order to make a decision. The theory of cognitive development involves the ability for African-American children, who have been diagnosed with an emotional behavior disorder, have to learn how to alter their behavior in order to stay in their regular



classroom settings. In order for an African-American child who has been diagnosed with an emotional behavior disorder to remain amongst their peers within the classroom, they must show the ability to understand their schoolwork. Also, they must prove that they are able to understand the information given to them and not be distracting towards their peers while the teacher is lecturing the class.

By African-American children determining right from wrong, an individual can develop a sense of human conduct and character which will give them an opportunity to receive an education in a normal classroom setting. The theory of cognitive development is linked to one's general cognitive development, but focuses on the basis learning information and being capable of processing the information to make decisions. This is determined through learned experiences throughout an individual's life. Once the information is determined and processed, an individual can evaluate the situation and conclude what is the best decision. After, deciding what is right or wrong an individual has to focus on the ethical behavior. Many African-American males who are diagnosed with an emotional behavior disorder are not given an opportunity to learn in a normal school setting due to teachers not being aware of the student's psychological situation or the teacher has already determine that the child's behavior is the root to the problem.

## CHAPTER III

### METHODOLOGY

#### Setting

The setting for this data collection was at a local public school located within the Metropolitan Atlanta region. The interview took place at Meadowview Elementary 1879 Wee Kirk Rd. Atlanta 30316 (DeKalb Co.) The school's population is comprised of over 95% African-American (around 350 students) and three special education teachers (2 Black, 1 White). All of the special education students are African- American. The preschool special education program is a self-contained class that has seven students between the ages of three years old to four years old. The kindergarten special education program is also a self-contained classroom that has seven students, who are seven years old. The interrelated – k through fifth grade, have nine students enrolled in special education services. Special education teachers follow the same certification renewal guidelines as regular educational teachers. Any and all teaching certificates are renewed every 6 years by showing continuing coursework, seminars, in-service training, technology requirements, etc. as specified by the state and individual counties. The respondent has certification in the following areas speech/language pathology and preschool special education. New requirements for re-certification have been to show

technology competency by taking a class or passing a computer literacy test. DeKalb County is requiring all special educational elementary teachers to take the Praxis II Fundamental Knowledge of Core Subjects 5011 test to show that they are “highly qualified” as part of no child left behind guidelines.

### Sample

Meadowview Elementary is a public school, which is over 95% African-American (around 350 students) and the school has three special educational teachers (2 Black, 1 White). The respondent is a Caucasian female between the ages of 46 years old to 55 years old. She is currently a special education teacher, who is involved in the development of Individualized Educational Plan. She has been working within the special education program longer than 14 years. All of the special education students are African-American. The preschool special education program has three and four year olds, and there are seven students enrolled in their self-contained class. The kindergarten special education program also has seven students between the ages of five and enrolled in self contained class. Also, they have an interrelated – kindergarten through fifth grade program, which has nine students that go through special educational resources.

### Measure

The data for this study was collected through an interview with a certified special educational teacher. A 24-item questionnaire determined the characteristic of having an emotional behavioral disorder and whether or not certified special education teachers are using the proper teaching techniques. Also, a background information form focused on

age, and level of education. The questionnaire consisted of close-ended questions on behavioral modification techniques. The questionnaire is based on DSM-VI symptoms that determine attention deficit hyperactivity disorder. The construct validity threat is the individualized education program review chart may not state whether or not a child was diagnosed with attention deficit hyperactivity disorder and the school may not provide necessary services. To ensure reliability of the research, the researcher will review 10 individualized education program review charts of children that have been diagnosed with attention deficit hyperactivity disorder and receiving special educational services. An informed consent form was given to a participant in order for them to understand that the information will be voluntarily information for a study.

### Design

The exploratory study is a cross-sectional survey design in the format of a one-shot case study design. The design notation for this study is: O. "O" represents the key informant's perceptions of the efficacy of special education treatment for African-American children. "O" did measure by interviewing a key informant, a certified special educational teacher's, who works in the Department of Exceptional Education and Support Service. The internal validity of this research design may be threatened by a number of factors. First, the key informant may lack in providing academic statistics on how well special education students do towards statewide testing in mathematics and reading. Second, the researcher may not be able to gather the necessary information from

the key informant, due to lack of knowledge on how students are assessed into special education programs, such as mainstream classroom setting or isolated classroom setting.

### Procedures

The data collections for this research study begin, on December 7, 2005, and took several days to complete. This researcher interviewed a certified special educational teacher that has knowledge on the process of assessing and placing emotional behavior disorder students in special education programs through an Individualized Educational Plan (IEP) referral. The time frame of the data collection took several days due to scheduling the interview with a key informant. The researcher was able to gather information from Metropolitan Atlanta public schools.

## CHAPTER IV

### INTERVIEWERS FINDINGS

The researcher findings are based on previous research, which demonstrates how effective special education programs towards African-American children with an emotional behavior disorder. What are the common intervention strategies? How well do they work? In summary, the results of the key informant interview suggest that African-American males are disproportionately placed in special education programs because teachers are unable to control the behavior of these students. Where as the Individualized Educational Program can construct an educational plan that would provide African-American males with an emotional behavior disorder an opportunity to be placed in standardize course with their peers.

In addition, the researcher had the opportunity to ask the key informant numerous questions pertaining to class perception towards children that are assessed to be placed in special education classes. The key informants' responses where as followed: when teaching class are your rules and instructions clear, brief, and (wherever possible) represented physically in the form of charts, list, and other visual reminders? Key informant responded that teachers have to be clear and brief with their instructions in class and whenever possible use physical forms such as, charts, list, and visual reminders.

Also, teachers are encouraged to provide rewards and punishment for child behavior, plus provide feedback for the consequences. Teachers are also told to provide frequent feedback or consequences for following the rules towards the students. Majority of the special education department uses some type of token reward system in order to control the student's behavioral and emotional behavior problems.

The researcher also questioned whether or not the key informant personalizes any of the children's behavioral problems? The key informant stated that she does not personalize any of her student's behavioral problems. As well, special education teachers are certified and trained to maintain a disability perspective on the student body that is receiving services through special education. It was also confirmed that she practices forgiveness when certain student's behavior is uncontrollable. Moreover, it is good practice to plan ahead daily for problematic situations.

The researchers also pose the question on how she monitors the children's progress in completing classroom tasks? Her response was one must be trained to also use time management in order for the students to complete their daily assignments. For example, her class is majority of African-American children, therefore she uses an egg timer for table work, time-out, and etc. She also suggested giving a five-minute warning prior to transitions between activities, clean up, and etc.

The researchers also inquired about providing parents with their children's behavior during class? The key informant stated that it is mandated that special education teachers provide daily behavior reports to their student's parents. Throughout the special education process of certification it is good practice for the teachers to foster

independence with their students keeping on task during assignments. It is very important for African-American children to understand problems that are assigned to them throughout the day.

This researcher asks the key informant what is considered good teacher practice? The key informant made the following statements: First, she believes that the appropriate classroom setting should be 12 to 15 students, who display emotional behavior disorders and learning disabilities. Second, have frequent communication with parents of students with learning and emotional behaviors through home or school visitation. Third, it is a good idea not to be an authoritarian. And put into practice letting emotional behavior disorder and learning disability students generate the classroom rules. Plus, give examples of discussing problems and consequences through role-playing.

Finally, this researcher speculated whether or not learning disabilities and emotional behavior disorder students, behavior stem from home. She informed researcher that behavior does not stem from home. But, it is likely a physical basis to do with neurological processes or chemical imbalance. Furthermore, medication is not the only solution to control the behaviors of emotional disabled students and learning disabled students. But, it can be the solution pending on the individual cases.

### The Process of Becoming A Special Educational Teacher

A special education teacher has to follow the same certification renewal guidelines as a regular education teacher. Their teaching certificates are renewed every 6 years by showing continuing coursework, seminars, in-service training, technology



requirements, etc. as specified by the state and individual counties. There are new requirements for re-certification that have to show technology competency by taking a class or passing a computer literacy test. In DeKalb County it is required that all special education elementary teachers take the Praxis II Fundamental Knowledge of Core Subjects 5011 test to show that they are “highly qualified” as part of No Child Left Behind guidelines.

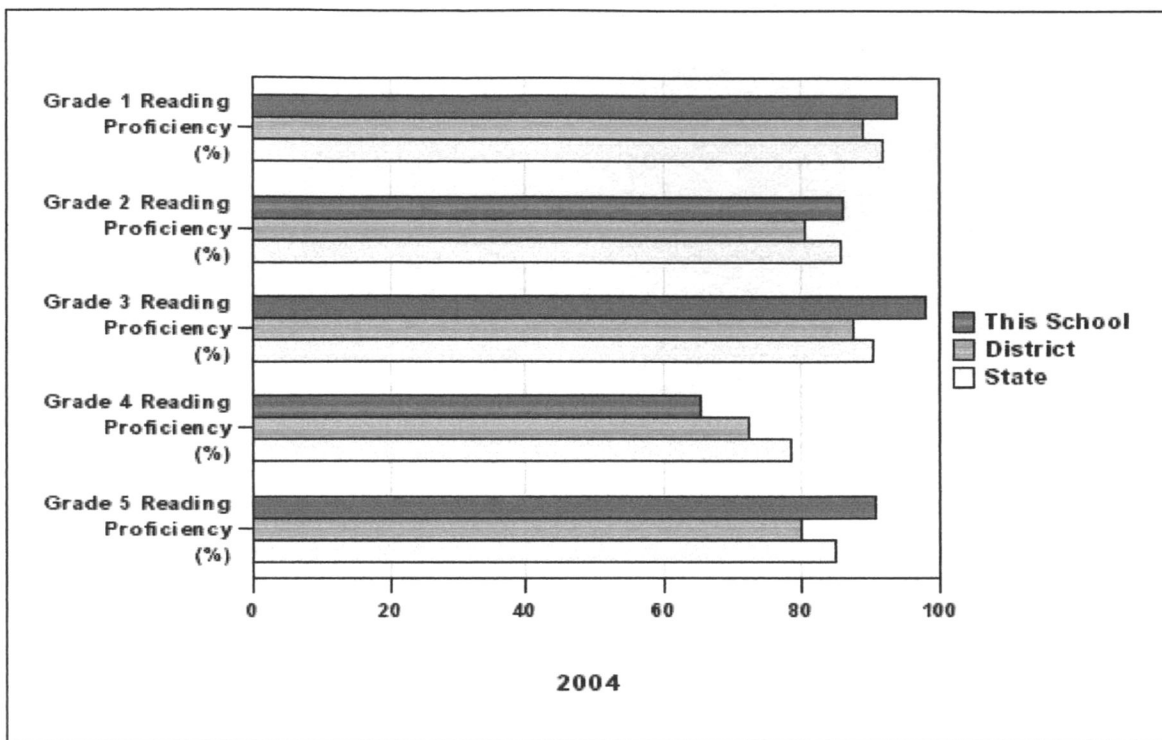
Table 7

*School Information*

School Facts	
2004 Grade Levels	PreK-5
2004 Number of Students	370
Did this school make Adequate Yearly Progress in 2004?	Yes
Is this a Charter School?	No

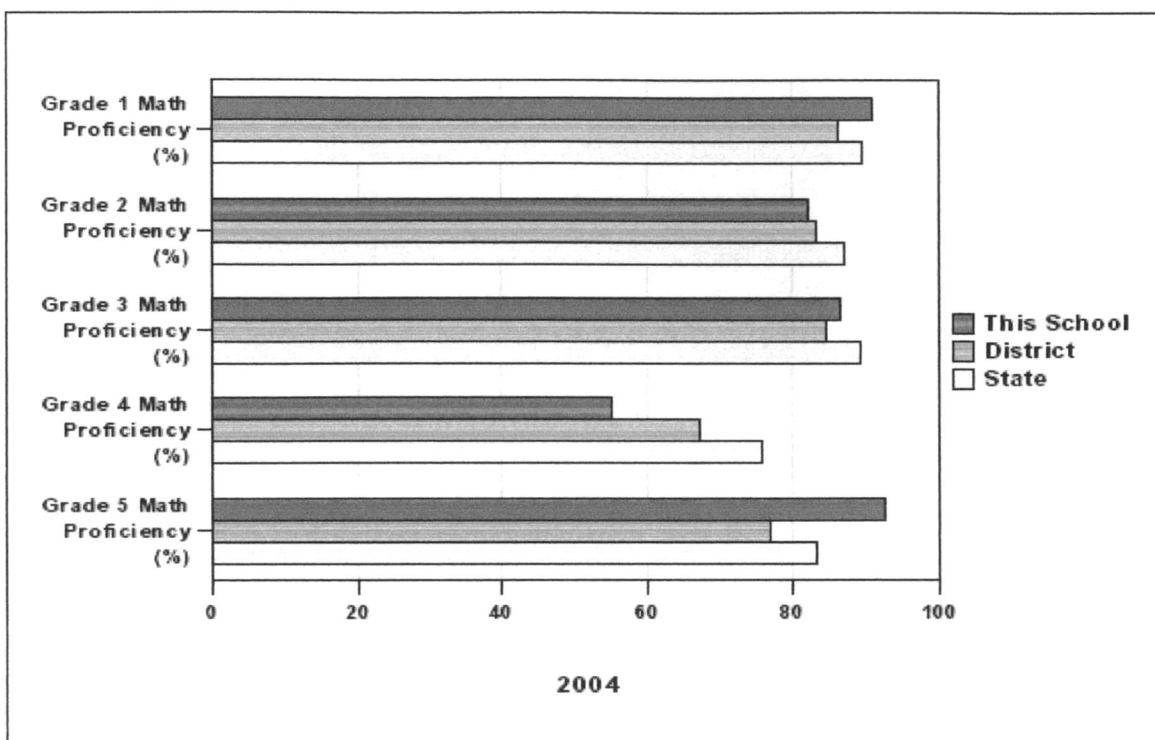
## Results

These state test results show how well students have mastered reading or English language arts skills in comparison to state standards. State test results alone do not convey a complete picture of academic achievement, and should be viewed with other performance and demographic information.



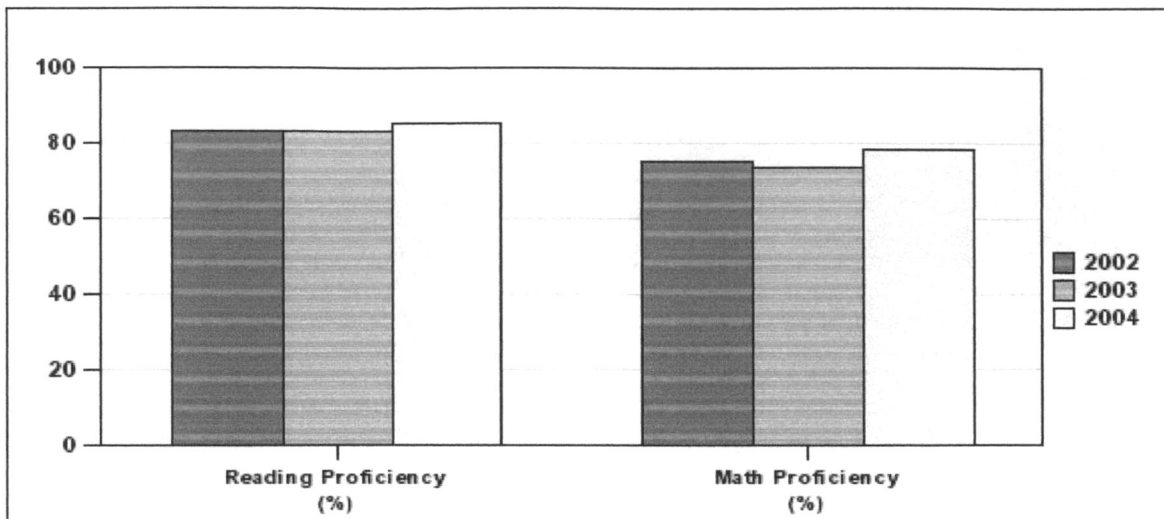
*Figure 1.* How Students Performed on State Reading Test

These state test results show how well students have mastered math skills in comparison to state standards. State test results alone do not convey a complete picture of academic achievement, and should be viewed with other performance and demographic information.



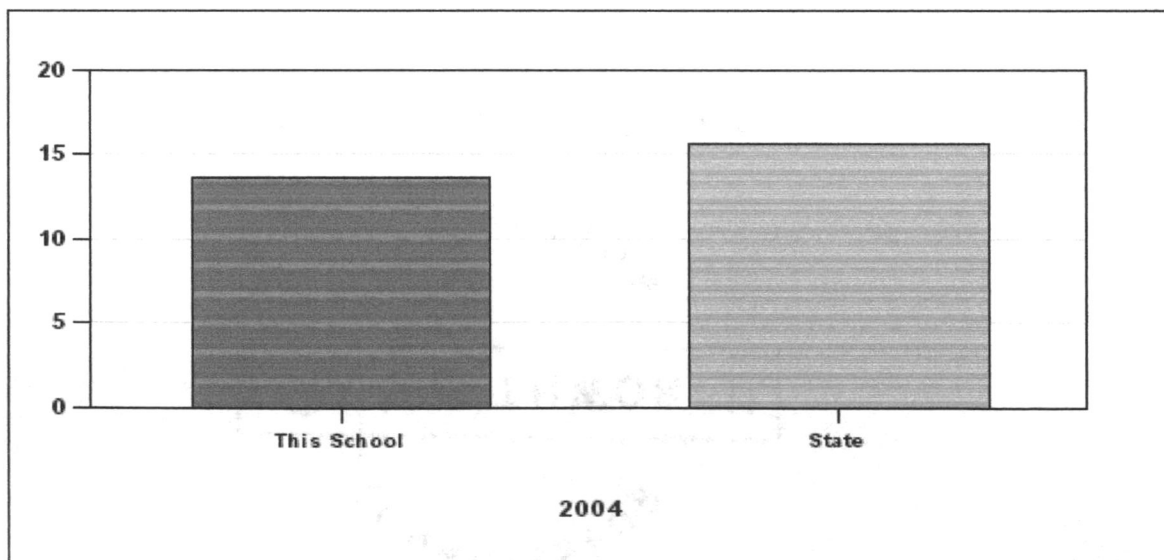
*Figure 2.* How Students Performed on State Math Test

In addition to comparing student performance on state tests to other comparison groups, it is important to compare the school to itself over time as a means of understanding the school's success in increasing student achievement.



*Figure 3. How Students Performed on State Reading and Math Test Over Time*

The number of students per teacher presents an estimate of class size. While smaller classes may allow for more individualized attention and permit greater flexibility in teaching strategies, the benefits of smaller classes are not consistent.



*Figure 4. Students Per Teacher*

The percentage of students with special needs is important to consider when viewing student performance because these students often require additional instruction and resources to help them achieve their full potential (Table 8).

Table 8

*Enrollment of Students with Special Needs (2004)*

	This School	DeKalb	Georgia
Economically Disadvantaged (%)	89.5%	59.0%	46.1%

The composition of a school's student body is an important contextual factor because of the need to reduce the achievement gaps between student groups.

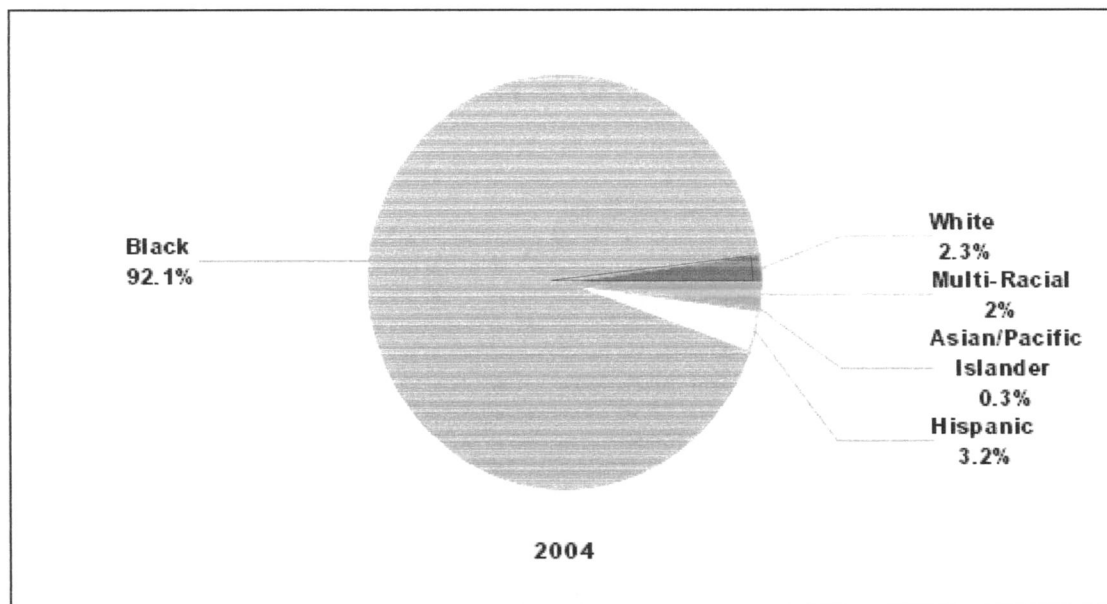


Figure 5. Enrollment of Racial/Ethnic Groups

When reviewing a school's performance, it is important to learn about the surrounding community, as there is often a relationship between a community's income and education levels and the performance of students in its schools.

Table 9

*Key Community Information (2005)*

	DeKalb	Georgia
Median Household Income (%)	73,063	63,654
Median Home Value (%)	132,433	101,897

## CHAPTER V

### CONCLUSIONS

The objective of this study is to further inform school social workers about variables that have affected African-American children with an emotional behavior disorder. These African-American children can be displaced in special education programs due to education faculty being misguided by Individualized Educational Plan assessments. After, reviewing the expected results a more intensive study on African-American children, who are diagnosed with an emotional behavior disorder need to have an education plan that are more suited to address their behavioral programs while in the classroom. This study has determined that school faculty staff needs to incorporate an educational plan that strengthens the mind of African-American children that have certain emotional behavior disorders. This study has also provided information showing that school faculty members are content with African-American children attending special education programs due to disrupted behavioral. School social workers need to be provided the appropriate techniques in order to place children into the proper education programs that will help stimulate their minds and help them become positive models in society. This study has highlighted several reasons why minority children are over-represented in special education:

- I. National and local budget crises that create situations of expedience for local bureaucracies and politicians. Budget declines tend to reduce kindergarten services for millions of at risk preschool children living in the urban areas.
- II. Intensifying on going problems of social psychological, historical and cultural alienation, and over enrollment into special education. Poverty appears to be correlated with minority over enrollment, and with sub-standard academic achievement test scores.
- III. Ineffective oversight and enforcement by the Office of Civil Rights of the Department of Education. There has been only 1 enforcement success out of 10,147 cases which have gone before this office since 1987, an success rate of .000098551296%, almost zero percent.
- IV. Schools that resolve their academic and national examinations excellence problems by dumping minorities into special education.
- V. The absence of strong children and parents' advocacy institutions to educate parents about alternatives to special education placement, re-assessment and de-placement.
- VI. Minority children such as African-Americans tend to be placed into Special Education by irrational IQ tests. Nationally, more of these children are so often placed without regard to Congressional and Court Mandates.

Furthermore, minority students such as African-American children are displaced in special education programs due to teachers not being able to cope with their disruptive behavior in the classroom setting. Majority of the teacher never lived in the Black



community, attended a rural college, did their student teaching in that region, or even took courses on Black history, culture, psychology; learn family life styles, and Ebonics etc.

Moreover, it was reported nationally that more students with disabilities are accessing state/district academic content standards with increased academic expectations, and more students with disabilities are participation in statewide assessments and included in accountability systems. Also, there is an increase in participation of special educators in training on standards and assessments, and nearly three quarters reported increased networking between general and special educators. States identify more positive than negative consequences of the participation of student with disabilities in standards, assessments, and accountability. Besides, most regular states are studying trends in the achievement of students with disabilities, and some states are studying the results of assessments by item. As well, more than three quarters of regular states collect data on accommodations used on state assessments. In addition, three quarters of the states have one alternate assessment option that addresses the needs of students with significant cognitive disabilities; other states have several alternative assessment options to address the perceived needs of a range of students in addition to those with significant cognitive disabilities. Nationally, the most common approach to alternative assessment involves a portfolio assessment focused on grade level or expanded standards with the same achievement level descriptors as the general assessment; teachers who use scoring rubrics to assign scores score the portfolios.

Plus, states are paying increased attention to access to assessments through the use of elements of universal design and accessible computer-based tests. Finally, states continue to face many challenges in their efforts to increase student achievement and administer assessments that provide valid documentation of this achievement.

## CHAPTER VI

### IMPLICATIONS FOR SOCIAL WORK PRACTICE

School social workers, need to address the education plans of any and all children that have emotional behavior disorders, African-American males are contently, being identified by faculty members in classrooms due to their behavior in the classroom. It is the responsible of the school social worker to be knowledgeable on the symptoms of emotional behavior disorders, such as Attention Deficit Hyperactivity Disorders and better advocate for education plans that will benefit the child academically. This is an ethical obligation in the field of school social work profession. The school social workers have a duty to facilitate, educate, and plan for educational change for students that are placed in special education programs due to having some type of emotional behavioral disorder and not receiving appropriate Individualized Educational Plans for these students that are at-risk. School social worker should also be aware of the nation and local budget crisis, which creates situations of expedience for local bureaucracies and politicians. Budget declines tend to reduce kindergarten production in school.

The relevance of this study provides that teacher training programs should be encouraged and funded with a focus on early intervention (birth to 3 years old) and should address issues and problems of poverty, bilingual education, multiculturalism, issues of drug and chemical exposure relative to young children with disabilities in order to prepare

them for an inclusive school and larger environment. The kindergarten faculty and resources should be increased in the urban areas to deal with the education of children from very poor economic and social environments, providing them with educable cultural reinforcers within their socio-cultural ecology with relationships to goals progressively entailed into higher expectations in the larger society. Also, from the data, the U.S Department of Education, Office of School Survey and Office of Civil Rights should be more accountable to monitor compliance pertaining to minority children and their over-representation in special education. Plus, the collection of statistical data on special education should be done with due diligence and not simply left to local bureaucracies which have self-serving interests to maintain.

School social worker must advocate to re-assessing the use of present IQ tests as a basis for placements in our public schools weighing an ecological, cultural, social, historic and environmental factor against innate abilities of children. The school social worker should advocate for Federal and State funding to be channeled towards special education for early intervention and kindergarten programs rather than towards fixing non-special education local budget shortfall crises.

Teachers, which are involved in special education, should do the following: First, learn to pay positive attention to the students. Second, use their powerful attention to gain compliance. Third, give more effective commands. Fourth, teach the students not to interrupt their activities when teaching the class. Fifth, help develop a token system with parents at home and in school. Sixth, learn to punish misbehavior constructively.

Seventh, should expand their use of time out. Finally, learn to manage their stress while working with special education students.

The teachers should also continue to be certified or re-certified ever sixth months per policy. The teachers need to be more cultural aware of African-American children behavior in school and in the community. The teachers need to be aware that just because African-American children are disruptive does not mean they need to be referred to a special education program.

Nationally, the National Association of State Director of Special Education is not holding the 50 states of America accountable for displacement of minorities into special education. My recommendation for suggested change for minorities that are displaced in special education programs would be as follow: First, the national education board needs to develop an assessment tool that is more compatible with the learning disabilities of the student or the diagnosed emotional behavioral disorder students. Second, the federal and state governments need to focus funding towards teacher training programs that encourage early intervention and address issues that are noticeable in kindergarten. Third, teachers that are certified or getting re-certified should due a practicum in an urban public school in order to get an understanding what is consider to be disruptive behavior or an emotional behavioral disorder. Furthermore, educators, school administrators, and school social workers should get a competitive pay in order for more African-Americans to apply for teacher positions and not resort to corporate America jobs. African-American children are currently at a disadvantage in the

school system. By America-American parents being more aware of their children's behavior, they have a better chance of advocating for their children's academic future.

## APPENDICES

## APPENDIX A

### INFORMED CONSENT FORM

The purpose of this questionnaire is to explore whether or not African-American children, who are diagnosed with emotional behavioral disorders are receiving the proper educational services within the public school system. In order to gain the necessary data to determine this there must be an understanding of what teacher's perception of the best techniques to educate children with emotional behavioral disorders perspective is. Social workers and educators can use this study to determine the need for more education and training in dealing with student's emotional behaviors within the classroom setting. This questionnaire is designed to be brief and should only take 15 minutes to complete. There is no personal information required for this anonymous survey. You are asked to provide demographical data such as age, race and sex.

Please answer all questions to the best of your ability. This data will not be shared with anyone not associated with this study. Your participation is voluntary and you may elect "not" to continue this survey at any time. Thank you.

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Participant's Signature

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Date

NOTE: You must report any adverse reactions, any related problems or complaints, immediately and in writing, to the Dr. Georgianna Bolden, Of Research and Sponsored Program (OSRP), Science Research Center, Suite 2035, Campus Box 142.



## APPENDIX B

### TEACHER PERCEPTION ON EDUCATIONAL PLAN SCALE

#### SECTION ONE: DEMOGRAPHICS

This is a collection of demographical data no personal information is needed.

1. Race: ☐ African American    ☐ Asian    ☐ Caribbean  
☐ Native American    ☒ White    ☐ Other \_\_\_\_\_
2. Age: ☐ 21-25    ☐ 26-35    ☐ 36-45    ☒ 46-55
3. Are you currently working in special educational classes?  
☒ Yes    ☐ No
4. Are you involved in their Individualized Educational Plan?  
☒ Yes    ☐ No
5. How many years have you been teaching special education classes?  
☐ 1-4    ☐ 5-9    ☐ 10-14    ☒ longer

#### SECTION TWO: PERCEPTION

Answer each statement by choosing the number that corresponds with your response.

The following are response categories:

1=Strongly Agree

2=Agree

3=Somewhat Agree

4=Somewhat Disagree

5=Disagree

6=Strongly Disagree

1. When teaching class are your rules and instructions clear, belief, and (wherever possible) represented physically in the form of charts, list, and other visual reminders?  
1 2 3 4 5 6
2. Are rewards, punishments, and feedback used to manage the child's behavior?  
1 2 3 4 5 6
3. Do you provide frequent feedback or consequences for following the rules towards the child?  
1 2 3 4 5 6
4. Do you believe that a token reward system is a good tactic to control the behavior of the children with emotional behavioral problems?  
1 2 3 4 5 6
5. Do you personalize the child's behavioral problems?  
1 2 3 4 5 6
6. Do you maintain a disability perspective on the child?  
1 2 3 4 5 6
7. Do you practice forgiveness when the child's behavior is uncontrollable?  
1 2 3 4 5 6

8. Do you plan ahead for problem solving?  
1 2 3 4 5 6
9. Do you use in means to externalize the time intervals, in order to give the children time to complete school task? (I use an egg timer for table work, time-out, etc. and I give five-minute warnings prior to transitions between activities, clean up, etc.)
10. Do you keep the parents informed on child's behavior during class? (Daily behavior report sent home.)  
1 2 3 4 5 6
11. Do you keep the children on task during their school assignments? (Try to foster independence as well.)  
1 2 3 4 5 6
12. Do you ask the child/ren to say out loud what their task or problem is they have been assigned to do?  
1 2 3 4 5 6
13. Do you describe their plan as they follow it through to completion of school task?  
1 2 3 4 5 6
14. Do you add recommendation to the Committee of Individualized Educational Plan? (I write very detailed IEP's.)  
1 2 3 4 5 6

**SECTION THREE: PRACTICE**

Answer each statement by choosing the number that corresponds with your response.

The following are response categories:

1=Strongly Agree                      2=Agree                      3=Somewhat Agree  
4=Somewhat Disagree                      5=Disagree                      6=Strongly Disagree

1. Do you believe that a classroom setting of 12 to 15 is an appropriate size to teach children with ADHD?  
1 2 3 4 5 6
2. Do you believe having an available special educator can help consult with behavioral problems?  
1 2 3 4 5 6
3. What is your attitude toward the use of behavioral-modifying drugs by child with ADHD?  
1 2 3 4 5 6      (It can be extremely appropriate or extremely inappropriate depending on each individual case and how the drug is administered. I have a student now who was just recently put on medication and he has blossomed...he is able to focus now, sit, listen, and participate. He seems much happier. He is learning more and progressing. Conversely, I have seen children turned into zombies (lethargic and unhappy) when this treatment is used inappropriately.)

4. Do you encourage open and frequent home and school communication?  
1 2 3 4 5 6
5. Are you open to having an outside professional or expert visit the classroom with you to discuss the child's educational program?  
1 2 3 4 5 6
6. Do you have a permissive approach to education?  
1 2 3 4 5 6 (Not sure what this means. I don't believe in being authoritarian. I let children help generate classroom rules. We discuss problems and consequences. We role-play to show appropriate choices/actions. I use rewards, praise, and humor... however I am very firm about consequences as well.)
7. Do you believe the problems of children with ADHD are emotional, stemming from conflicts or chaos at home?  
1 2 3 4 5 6 (I think ADHD most likely has a physical basis to do with neurological processes or chemical imbalance, but a chaotic unorganized or unstable home life would definitely exacerbate the problem. A child can easily have emotional problems stemming from having to deal with their ADHD.)
8. Do you believe that medication is the only solution because ADHD has a biological basis? (It is not the only solution, but it can be a part of the solution depending on individual cases.)  
1 2 3 4 5 6

9. Do you believe you own behavior is causing a child's problems? (A good teacher knows how to keep their own behavior from contributing to the child's problems. Good teachers put their own needs aside in order to foster the child's development. However, realistically, it is unlikely that a child will get through public school without having a less than desirable teacher at some point in time. Inexperienced or ineffective teachers will not have the patience to deal appropriately with a child who has ADHD.)
- 1 2 3 4 5 6
10. Do you believe it is best to include a child with ADHD in your educational plan?
- 1 2 3 4 5 6

Additional Comments:

Thank you for your participation.

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